



Ron Sparks
Commissioner

STATE OF ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
1445 Federal Drive
Montgomery, Alabama 36107-1123



Food Safety & Consumer Division
Pesticide Management Section/Certification Unit
Phone: 334-240-7240 Fax 334-240-7168

Mailing Address:
Post Office Box 3336
Montgomery, AL 36109-0336

APPLICATION FOR RECIPROCAL COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION

To become a Commercial Pesticide Applicator in Alabama by reciprocity, the following information is required:

1. **COMPLETE ENCLOSED APPLICATION.**
2. **FRONT AND BACK copy of your certification credentials** from certifying state (Florida, Georgia, Indiana, Louisiana, Mississippi, or Tennessee) showing expiration date and categories in which you are certified.
3. **Reciprocal fee(s)** as outlined on the application. NOTE: **General Standards/CORE (GS)** is required for all categories except Wood Treatment (WT), Tributyltin (TBT), Ornamental and Turf Pest Control (OTPS), Right-of-Way Pest Control (ROW) and Antimicrobial (MICR).
4. The **Mode of Application** (Ground and/or Aerial) must be certified as well, unless otherwise noted.

PLEASE MAKE CHECK PAYABLE TO ALABAMA DEPARTMENT OF AGRICULTURE & INDUSTRIES.

RETURN TO:
FAYE GOLDEN, PROGRAM DIRECTOR
FOOD SAFETY & CONSUMER DIVISION
CERTIFICATION UNIT
P O BOX 3336
MONTGOMERY AL 36109-0336

ALABAMA DEPARTMENT OF AGRICULTURE & INDUSTRIES
FOOD SAFETY AND CONSUMER DIVISION
PESTICIDE MANAGEMENT - CERTIFICATION SECTION
PO BOX 3336
MONTGOMERY AL 36109-0336

APPLICATION FOR RECIPROCAL COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION

CHECK ONE:

- ☐ **FIRST** application for Alabama Pesticide Certification. **Attach copy of current permit FRONT & BACK from reciprocating state (Florida, Georgia, Indiana, Louisiana, Mississippi, or Tennessee).**
- ☐ **ADD ON** category to current Alabama Permit Number _____

DATE OF APPLICATION _____

PRESENT EMPLOYER:

NAME OF BUSINESS: _____

ADDRESS: _____

PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____

LEGAL NAME: _____ SSN: _____

HOME ADDRESS: _____ PO BOX: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____

OPERATIONAL CATEGORIES CHECK ONLY THE CATEGORIES FOR WHICH YOU ARE

REQUESTING RECIPROCAL CERTIFICATION (Include General Standards for the following categories AP, AIR, AQ, D&R, FOR, GRND, PH, and REG) ***MODE OF APPLICATION MUST BE CERTIFIED UNLESS OTHERWISE NOTED.**

CATEGORIES

CERTIFICATION FEES

<input type="checkbox"/>	General Standards (CORE) (GS)	75.00
<input type="checkbox"/>	Agricultural Plant Pest Control (AP)	120.00
<input type="checkbox"/>	Aerial Equipment Authorization (AIR)	120.00
<input type="checkbox"/>	Aquatic Pest Control (AQ)	120.00
<input type="checkbox"/>	Demonstration & Research Pest Control (D&R)	120.00
<input type="checkbox"/>	Forest Pest Control (FOR)	120.00
<input type="checkbox"/>	Ground Equipment Authorization (GRND)	120.00
<input type="checkbox"/>	Public Health (PH)	120.00
<input type="checkbox"/>	Regulatory Pest Control (REG)	120.00
<input type="checkbox"/>	Right-of-Way Pest Control (ROW) INCLUDE Mode of Application	120.00
<input type="checkbox"/>	Anti-Microbial Application (MICR) do NOT include Mode of Application	120.00
<input type="checkbox"/>	Tributyltin (TBT) do NOT include Mode of Application	120.00
<input type="checkbox"/>	Wood Treatment (WT) do NOT include Mode of Application	120.00
<input type="checkbox"/>	Ornamental & Turf Pest Control (OTPS) do NOT include Mode of Application	120.00
<input type="checkbox"/>	Ag. Commodity Fumigation (ACF) do NOT include Mode of Application	120.00
<input type="checkbox"/>	Metam Sodium/Metam Sewer (MS) do NOT include Mode of Application	120.00

I certify that the above information is correct _____
Signature

DEPARTMENTAL USE ONLY

Permit No. _____
Expires _____

Amount Paid _____ Check# _____
Date Issued _____